

ACC/AHA/ESC EDITORIAL

Clinical Practice Guidelines on Perioperative Cardiovascular Evaluation



Collaborative Efforts Among the ACC, AHA, and ESC

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The American College of Cardiology (ACC), the American Heart Association (AHA), and the European Society of Cardiology (ESC) are pleased to announce the publication of 2 new versions of clinical practice guidelines (CPGs) on perioperative cardiovascular evaluation from our respective organizations (1-3).

These revisions were begun independently, dictated both by emerging, new information regarding the topic and the controversy regarding the legitimacy of data from previously published pivotal trials. Accordingly, the leadership of these international organizations recognized the importance of scientific collaboration and writing committee coordination for the benefit of the worldwide cardiology community. A joint statement was therefore posted in August 2013 (4-6) to indicate that the respective CPGs were under revision and to provide some guidance regarding perioperative beta-blockade therapy in the interim.

Since then, the members of both the ESC and ACC/AHA guideline writing committees have reviewed the evidence thoroughly and systematically. The writing committees and the 2 supervisory task force groups decided to analyze separately the evidence about beta-blocker therapy used in the perioperative period and to develop specific treatment

recommendations as a first step in the process of revision. After this independent work, the revised recommendations were shared between the 2 writing committees so that the rationales for any differences in recommendations could be articulated clearly. As a result of this process, we are confident that the evidence base has been objectively reviewed by 2 independent expert writing committees. The development of the 2 revised CPGs on perioperative cardiovascular care underscores the benefits of collaboration. Although the writing committees compiled and reviewed the evidence separately, they subsequently came together to validate their analyses, finding that they had both drawn on the same data and reached similar conclusions. Additionally, discussions are ongoing among the ACC, AHA, and ESC about sharing resources related to the systematic review of evidence. The potential advantages of more highly structured joint CPG initiatives are under active consideration.

The CPGs on cardiovascular care in the perioperative period represent a fresh and objective review of old and new evidence in this important clinical arena. Features of the CPGs include the latest synthesis of the data on the use of beta blockers in patients who have taken them chronically, considerations regarding selection of patients who are potential

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candidates to receive beta blockers preoperatively, and guidance regarding how to use this important and powerful class of drugs in the perioperative period. Clinicians will find the recommendations in these revised CPGs useful in their daily work and can be reassured that

the recommendations have been vetted thoroughly by the most rigorous scientific process. Furthermore, the recommendations in both documents are fundamentally aligned, so that cardiovascular clinicians worldwide may deliver optimal, standardized care.

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